



John Flynn <JFlynn@afphq.org> on 10/13/2012 11:45:08 AM

To: "2022190174@fec.gov" <2022190174@fec.gov>,
cc:

Subject: FEC Form 9

Attached please find a Form 9 submission by Americans for Prosperity. Please advise if you have any questions.

John Flynn
Vice President, General Counsel, & Secretary
Americans for Prosperity & AFP Foundation
Suite 350
2111 Wilson Boulevard
Arlington, Virginia 22201
(703) 224-3200 office
(703) 542-0101 fax (Please note new fax #)
jflynn@afphq.org



FEC Form 9 - 2012-10-13.pdf

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

Americans for Prosperity

(b) Address (number and street) ☐ check if different than previously reported

2111 Wilson Blvd. Suite 350

(c) City, State and ZIP Code

Arlington, VA 22201

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C30001051

3. Is This Statement

☒ New

or

☐ Amended

4. Covering Period

10 09 20 12

through

10 12 20 12

5. (a) Date of Public Distribution(s) 10 12 20 12 (b) Communication Title "Stand With Coal"

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes

No ☒

8. Custodian of Records

(a) Name

Steve Corder

(b) Address (number and street)

2111 Wilson Blvd. Suite 350

(c) City, State and ZIP Code

Arlington, VA 22201

(d) Name of Employer or Principal Place of Business

(e) Occupation

Americans for Prosperity

CFO

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

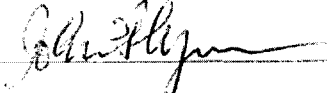
,192,072.95

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

John Flynn

SIGNATURE



DATE

10/13/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE 2 OF 5

11. Person(s) Sharing/Exercising Control

A. (a) Name Tim Phillips	
(b) Address (number and street) 2111 Wilson Blvd. Suite 350	
(c) City, State and ZIP Code Arlington, VA 22201	
(d) Name of Employer or Principal Place of Business Americans for Prosperity	(e) Occupation President
B. (a) Name Tracy Henke	
(b) Address (number and street) 2111 Wilson Blvd. Suite 350	
(c) City, State and ZIP Code Arlington, VA 22201	
(d) Name of Employer or Principal Place of Business Americans for Prosperity	(e) Occupation Executive VP & COO
C. (a) Name Steve Corder	
(b) Address (number and street) 2111 Wilson Blvd. Suite 350	
(c) City, State and ZIP Code Arlington, VA 22201	
(d) Name of Employer or Principal Place of Business Americans for Prosperity	(e) Occupation Treasurer & CFO
D. (a) Name John Flynn	
(b) Address (number and street) 2111 Wilson Blvd. Suite 350	
(c) City, State and ZIP Code Arlington, VA 22201	
(d) Name of Employer or Principal Place of Business Americans for Prosperity	(e) Occupation Secretary
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-A
Donation(s) Received

PAGE **3** OF **5**

A. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount
B. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount
C. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount
D. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount
E. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount

SUBTOTAL of Donations This Page (optional)	0 0 0
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)	0 0 0

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 4 OF 5

A. Full Name (Last, First, Middle Initial) of Payee <u>Bullhorn Communication</u>				Date of Disbursement or Obligation <u>10 09 2012</u>	
Mailing Address of Payee <u>3320 Teardrop Cir.</u>				Amount <u>4,410.80</u>	
City <u>Colorado Springs</u>	State <u>CO</u>	Zip Code <u>80917</u>	Communication Date <u>10 09 2012</u>		
Name of Employer 				Occupation 	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Production and placement of radio ad ("War on Coal")</u>					
Name of Federal Candidate <u>Barack Obama</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

B. Full Name (Last, First, Middle Initial) of Payee <u>Target Enterprises, LLC</u>				Date of Disbursement or Obligation <u>10 12 2012</u>	
Mailing Address of Payee <u>15260 Ventura Blvd. Ste. 1240</u>				Amount <u>160,662.15</u>	
City <u>Sherman Oaks</u>	State <u>CA</u>	Zip Code <u>91403</u>	Communication Date <u>10 12 2012</u>		
Name of Employer 				Occupation 	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Production and placement of radio ad ("Stand With Coal")</u>					
Name of Federal Candidate <u>Barack Obama</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

SUBTOTAL of Disbursements/Obligations This Page (optional)	<u>165,072.95</u>
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)	<u>165,072.95</u>

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 5 OF 5

A. Full Name (Last, First, Middle Initial) of Payee <u>Target Enterprises, LLC</u> <small>Mailing Address of Payee</small> <u>15260 Ventura Blvd. Ste. 1240</u> <small>City State Zip Code</small> <u>Sherman Oaks CA 91403</u> <small>Name of Employer Occupation</small>				Date of Disbursement or Obligation <small>M M D D Y Y Y Y</small> <u>10 12 2012</u> Amount <u>27,000.00</u> Communication Date <small>M M D D Y Y Y Y</small>	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Production and placement of radio ad ("Failing Agenda - Laura Ingraham")</u>					
Name of Federal Candidate <u>Barack Obama</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <small>State: _____ District: _____</small>		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <small>State: _____ District: _____</small>		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <small>State: _____ District: _____</small>		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
B. Full Name (Last, First, Middle Initial) of Payee _____ <small>Mailing Address of Payee</small> _____ <small>City State Zip Code</small> _____ <small>Name of Employer Occupation</small> _____					
Date of Disbursement or Obligation <small>M M D D Y Y Y Y</small> _____ Amount _____ Communication Date <small>M M D D Y Y Y Y</small> _____					
Purpose of Disbursement (Including title(s) of communication(s)) _____					
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <small>State: _____ District: _____</small>		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <small>State: _____ District: _____</small>		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <small>State: _____ District: _____</small>		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶				<u>27,000.00</u>	
TOTAL This Period (last page this line number only) ▶ <small>(carry total from last page to Line 10)</small>				<u>192,072.95</u>	

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>E-Mail</i>	Date of Receipt or Postmarked <i>10/13/2012</i>
<i>JB</i> PREPARER	<i>10/15/2012</i> DATE PREPARED